

Standard Form No. 1135  
Form prescribed by  
Comptroller General, U. S.  
June 28, 1946  
General Regulations No. 102

*Newly imposed from*  
Approved For Release 2001/08/20 : CIA-RDP57-00384R000100230025-1  
A—Annual Leave SUS—Suspension TS—Travel Status  
O—Other Leave With Pay LWOP—Leave Without Pay HW—Holiday Work  
W—Leave Without Pay C—Compensatory Leave Taken ND—Night Differential Time  
CT—Compensatory Time Worked OT—Overtime Worked

NOTE.—Above code to be placed on second line of each daily block, below the hours on first line of same block, followed by employee's initials on third line.

### TIME AND ATTENDANCE REPORT

Agency	Reporting Unit							Block							Tour of Duty							Pay Period No.				
NAME OF EMPLOYEE	FIRST WEEK							SECOND WEEK							HOURS IN PAY STATUS					COMP. TIME Wkd.	TIME ABSENT					
	SUN.	MON.	TUE.	WED.	THU.	FRI.	SAT.	SUN.	MON.	TUE.	WED.	THU.	FRI.	SAT.	KIND	1ST WEEK	2D WEEK	PAY PERIOD TOTAL	ANN.	SICK*	LWOP	COMP.	OTHER			
1															Base											
2															Base											
3															Base											
4															Base											
5															Base											
6															Base											
7															Base											
8															Base											
9															Base											
10															Base											
11															Base											
12															Base											

REMARKS:

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Total hrs  
Certified correct:

\*I certify that this absence was due to illness which incapacitated me for duty.